


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N06000000549 1. Entity Name THE CONNECTION DISASTER RELIEF, INC.	
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Principal Place of Business 1567 QUAIL ROOST LANE JACKSONVILLE, FL 32220	Mailing Address 1567 QUAIL ROOST LANE JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE

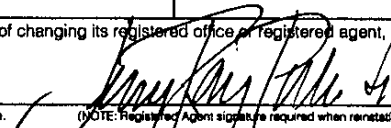


01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 83-0449274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POOLE, JERRY R JR. 1214 FREDERICA PLACE JACKSONVILLE, FL 32205
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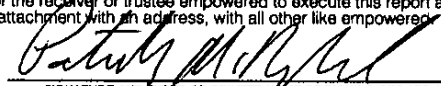
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE JERRY R. POOLE, JR. <small>Signature, typed or printed name of registered agent and title if applicable.</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	3/8/07 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAGLAND, PATRICK M 1567 QUAIL ROOST LANE JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAGLAND, B MICHELLE 1567 QUAIL ROOST LANE JACKSONVILLE, FL 32220
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U00000664010
03/22/07-80027-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/8/07 <small>Date</small>	904-378-3489 <small>Daytime Phone #</small>